



## Alumni and Friends Association

The mission of the CCCC Alumni and Friends Association is to form partnerships and strengthen relationships between the community, the College and its alumni. Initiatives will be based on the Association's core values of giving back through involvement, fellowship and service. The association will be a positive, goal-oriented steward for CCCC, its mission and goals.

### General Information

Title:  Mr.  Mrs.  Ms.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender:  Female  Male

Birthdate: \_\_\_\_\_

Last name at time of CCCC attendance: \_\_\_\_\_

What year(s) did you attend CCCC: \_\_\_\_\_

Student ID number: \_\_\_\_\_

### Programs of Study

Please be specific (Ex. Associate Degree Nursing instead of ADN). The names of some programs have changed over the years and we want to make sure that we have the correct information.

Please check all that apply to you:

- I completed an associates degree: \_\_\_\_\_
- I completed a certificate program
- I completed a diploma program
- I took continuing education classes: \_\_\_\_\_
- I have taken classes, but have not finished a degree or certificate
- I am a current student
- Other, \_\_\_\_\_

**Contact Information**

Email Address (please provide an email address you use other than the one provided by Coastal)

\_\_\_\_\_

Home Phone Number: ( )\_\_\_\_-\_\_\_\_\_

Mobile Phone Number: ( )\_\_\_\_-\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Information**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_